



Virginia Joint Commission
on Health Care



Staff Report: Higher Rates of Cervical Cancer Among Minority Women

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Introduction

- ▶ Report of the Governor's Task Force on Cervical Cancer, 2005
 - ▶ In January 2005, Governor Mark R. Warner issued Executive Directive 5, creating the task force.
 - ▶ Task force chair: Jane H. Woods, Secretary of Health and Human Resources.
 - ▶ Report completed November, 2005.
 - ▶ Recommendation 1 of 5: Request the Joint Commission on Health Care to further study racial, ethnic, and cultural disparities in cervical cancer incidence to identify causes and develop a plan to address findings.



Introduction

“In Virginia, there are substantial racial, ethnic, and regional disparities for cervical cancer incidence, mortality, and stage of diagnosis. Every Virginian has a vested interest in addressing such disparities and ensuring that all women have access to appropriate preventative screenings and timely access to life saving treatments. By addressing the causal factors of cervical cancer, the overall health of women, especially those at high-risk for this cancer, may be improved.”

(Report of Governor’s Task Force on Cervical Cancer. P. 4)

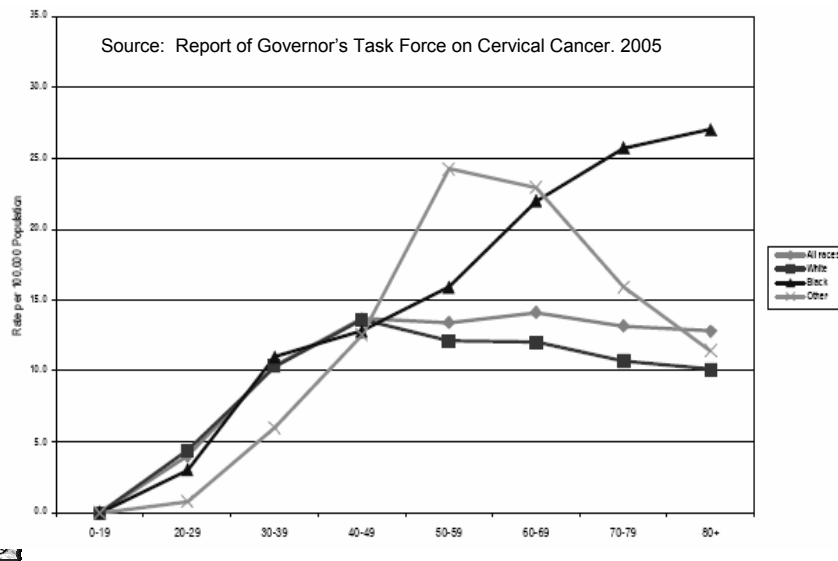


Racial/Ethnic Disparities in Cervical Cancer Rates

- ▶ Higher incidence of cervical cancer among minority women
- ▶ Higher rates of cervical cancer mortality among minority women
- ▶ Cervical cancer in minority women more likely to be diagnosed at later stages



Age Adjusted Incidences of Cervical Cancer by Race



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SEER Incidence Rates & Trends of Cervical Cancer

	Rate 2000-2004	APC* 1995-2004
White (Non-Hispanic)	7.2	-2.9*
Black	11.4	-4.9*
Hispanic	13.8	-3.6*
Asian / Pacific Islander	9.0	-5.9*
American Indian / Alaska Native	6.6	----



Source: SEER (Surveillance, Epidemiology, and End Results) Cancer Statistics Review, 1995-2004

*Annual Percent Change (P<.05)

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% Distribution of Cervical Cancer by Stage at Diagnosis & Race, VA. 1998-2002

	Localized	Regional	Distant	Unstaged
White	55	30	8	7
Black	45	36	12	7
Other	44	38	11	8



Source: Virginia Cancer Registry 2005

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5 Year Survival Rates of Cervical Cancer, 1996-2003

	All Stages	Local	Regional	Distant	Unstaged
White	72.9	92.8	56.4	17.5	59.8
<50	81.0	94.5	62.9	24.4	70.3
50+	59.9	88.3	50.1	12.0	47.9
Black	62.2	85.7	48.2	9.2	56.5
<50	67.6	86.6	50.6	9.3	65.9
50+	55.0	84.0	45.8	8.9	48.6



Source: SEER Cancer Statistics Review, 1996-2003

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U.S. Death Rates & Trends of Cervical Cancer

	Rate 2000-2004	APC* 1995-2004
White (Non-Hispanic)	2.2	-3.3*
Black	4.9	-4.7*
Hispanic	3.3	-3.3*
Asian / Pacific Islander	2.4	-4.5*
American Indian / Alaska Native	4.0	-1.6



Source: SEER Cancer Statistics Review, 1995-2004

*Annual Percent Change (P<.05)

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Causes of Higher Cervical Cancer Rates Among Minorities

Race/Ethnicity



SES
EDUC
Culture



Screening
&
Diagnostic
Follow-up



Later
Stage
Diagnosis



Higher
Mortality



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Conclusion

- ▶ Senator Whipple, in consultation with the director of the Every Woman's Life program, plans to introduce a budget amendment to increase the number of women eligible for Medicaid funding of cervical cancer treatment.
 - ▶ This will require changing Virginia's optional coverage from Option 1 to 3 of the federal Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) of 2000.
 - ▶ Option 1: Women whose clinical services were provided all or in part by the CDC program (Current option selected by Va.)
 - ▶ Option 3: Women who are screened by any provider that has been authorized by the state, as a CDC grantee to provide screening activities



Conclusion

- ▶ Need to increase the number of Every Woman's Life (VABCCEDP) providers in underserved health districts.
 - ▶ I.e. Northern Virginia, Piedmont, Crater (Petersburg area)
 - ▶ Funds needed for staffing these sites
- ▶ VDH is currently investigating the problem of late diagnosis.
 - ▶ Many women go beyond the 60 days required by the CDC to receive a diagnosis after an abnormal Pap test. May be due to lack of availability of colpolists.



Policy Options

Option 1: Take no action.

Option 2: Introduce budget amendment (amount to be determined later) to fund the staffing of Every Woman's Life (VABCCEDP) providers in underserved health districts.



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Public Comments

- ▶ Written public comments on the proposed options may be submitted to JCHC by close of business on October 31, 2007. Comments may be submitted via:
 - ▶ E-mail (sareid@leg.state.va.us)
 - ▶ Facsimile (804/786-5538) or
 - ▶ Mail to Joint Commission on Health Care
 P.O. Box 1322
 Richmond, Virginia 23218

- ▶ Comments will be summarized and presented to JCHC's members during its November 8th meeting.



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List of Sources

- ▶ Baker, P.J, DG Hoel, LC Mohr, SR Lipsitz and DT Lackland. 2000. **Racial, age, and rural/urban disparity in cervical cancer incidence.** *Annals of Epidemiology*, Volume 10, Issue 7, October, Pages 466-467
- ▶ Bazargan, Mohsen; Shahrzad H. Bazargan, Muhammad Farooq and Richard S. Baker. 2004. **Correlates of cervical cancer screening among underserved Hispanic and African-American women.** *Preventive Medicine*, Volume 39, Issue 3, September, Pages 465-473.



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- ▶ Miller, Suzanne and K. Siejak, C. Schroeder, C. Lerman, E. Hernandez, and C Helm. 1997. **Enhancing Adherence Following Abnormal Pap Smears Among Low-Income Minority Women: A Preventive Telephone Counseling Strategy.** *Journal of the National Cancer Institute*. Vol. 89, No. 10. May 21.
- ▶ Ries LAG, Melbert D, Krapcho M, Mariotto A, Miller BA, Feuer EJ, Clegg L, Horner MJ, Howlader N, Eisner MP, Reichman M, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2004, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2004/, based on November 2006 SEER data submission, posted to the SEER web site, 2007.
- ▶ **Report of the Governor's Task Force on Cervical Cancer.** 2005. Secretary of Health and Human Resources.



List of Sources

- ▶ Virginia Department of Health. Kathleen Rocco, RD, MPH.
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- ▶ Virginia Department of Health. Mary Zoller, MPA.
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Visit the Joint Commission on Health at its new website:
<http://jchc.state.va.us/>

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